S-4386.1	

SENATE BILL 6827

State of Washington 57th Legislature 2002 Regular Session

By Senators Rossi, Deccio, Parlette, Carlson, Long and Oke

Read first time 03/04/2002. Referred to Committee on Ways & Means.

- 1 AN ACT Relating to adopting a sliding premium scale for state
- 2 employee health care benefits; and amending RCW 41.05.065.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 41.05.065 and 1996 c 140 s 1 are each amended to read 5 as follows:
- 6 (1) The board shall study all matters connected with the provision
- 7 of health care coverage, life insurance, liability insurance,
- 8 accidental death and dismemberment insurance, and disability income
- 9 insurance or any of, or a combination of, the enumerated types of
- 10 insurance for employees and their dependents on the best basis possible
- 11 with relation both to the welfare of the employees and to the state.
- 12 However, liability insurance shall not be made available to dependents.
- 13 (2) The board shall develop employee benefit plans that include
- 14 comprehensive health care benefits for all employees. In developing
- 15 these plans, the board shall consider the following elements:
- 16 (a) Methods of maximizing cost containment while ensuring access to
- 17 quality health care;

p. 1 SB 6827

- 1 (b) Development of provider arrangements that encourage cost 2 containment and ensure access to quality care, including but not 3 limited to prepaid delivery systems and prospective payment methods;
- 4 (c) Wellness incentives that focus on proven strategies, such as 5 smoking cessation, injury and accident prevention, reduction of alcohol 6 misuse, appropriate weight reduction, exercise, automobile and 7 motorcycle safety, blood cholesterol reduction, and nutrition 8 education;
- 9 (d) Utilization review procedures including, but not limited to a cost-efficient method for prior authorization of services, hospital inpatient length of stay review, requirements for use of outpatient surgeries and second opinions for surgeries, review of invoices or claims submitted by service providers, and performance audit of providers;
 - (e) Effective coordination of benefits;

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- (f) Minimum standards for insuring entities; and
- (g) Minimum scope and content of public employee benefit plans to 17 be offered to enrollees participating in the employee health benefit 18 19 plans. To maintain the comprehensive nature of employee health care 20 benefits, employee eligibility criteria related to the number of hours worked and the benefits provided to employees shall be substantially 21 equivalent to the state employees' health benefits plan and eligibility 22 criteria in effect on January 1, 1993. Nothing in this subsection 23 24 (2)(g) shall prohibit changes or increases in employee point-of-service 25 payments or employee premium payments for benefits.
- 26 (3) The board shall design benefits and determine the terms and 27 conditions of employee participation and coverage, including 28 establishment of eligibility criteria.
- (4)(a) The board ((may)) shall authorize premium contributions for an employee and the employee's dependents in a manner that encourages the use of cost-efficient managed health care systems, and uses a graduated premium schedule such that the share of premium contributions varies according to the employee's salary.
- (b) In using a graduated premium schedule, the board must assure
 that an employee's contribution toward the cost of medical premiums for
 the employee and the employee's dependents comprises at least the
 following percentage of the total cost: (i) Twelve percent for
 employees earning thirty thousand dollars or less a year; (ii) nineteen
 percent for employees earning between thirty thousand one dollars and

SB 6827 p. 2

- forty-five thousand dollars a year; (iii) twenty-nine percent for employees earning between forty-five thousand one dollars and sixty thousand dollars a year; (iv) thirty-nine percent for employees earning between sixty thousand one dollars and seventy-five thousand dollars a year; and (v) forty-nine percent for employees earning more than seventy-five thousand one dollars a year. The state must contribute the remainder of the premium for the lowest cost plan available to the employee.
 - (5) Employees shall choose participation in one of the health care benefit plans developed by the board and may be permitted to waive coverage under terms and conditions established by the board.

- (6) The board shall review plans proposed by insuring entities that desire to offer property insurance and/or accident and casualty insurance to state employees through payroll deduction. The board may approve any such plan for payroll deduction by insuring entities holding a valid certificate of authority in the state of Washington and which the board determines to be in the best interests of employees and the state. The board shall promulgate rules setting forth criteria by which it shall evaluate the plans.
 - (7) Before January 1, 1998, the public employees' benefits board shall make available one or more fully insured long-term care insurance plans that comply with the requirements of chapter 48.84 RCW. Such programs shall be made available to eligible employees, retired employees, and retired school employees as well as eligible dependents which, for the purpose of this section, includes the parents of the employee or retiree and the parents of the spouse of the employee or retiree. Employees of local governments and employees of political subdivisions not otherwise enrolled in the public employees' benefits board sponsored medical programs may enroll under terms and conditions established by the administrator, if it does not jeopardize the financial viability of the public employees' benefits board's long-term care offering.
 - (a) Participation of eligible employees or retired employees and retired school employees in any long-term care insurance plan made available by the public employees' benefits board is voluntary and shall not be subject to binding arbitration under chapter 41.56 RCW. Participation is subject to reasonable underwriting guidelines and eligibility rules established by the public employees' benefits board and the health care authority.

p. 3 SB 6827

(b) The employee, retired employee, and retired school employee are solely responsible for the payment of the premium rates developed by the health care authority. The health care authority is authorized to charge a reasonable administrative fee in addition to the premium charged by the long-term care insurer, which shall include the health care authority's cost of administration, marketing, and consumer education materials prepared by the health care authority and the office of the insurance commissioner.

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- 9 (c) To the extent administratively possible, the state shall 10 establish an automatic payroll or pension deduction system for the 11 payment of the long-term care insurance premiums.
- (d) The public employees' benefits board and the health care 12 13 authority shall establish a technical advisory committee to provide advice in the development of the benefit design and establishment of 14 15 underwriting guidelines and eligibility rules. The committee shall 16 also advise the board and authority on effective and cost-effective 17 ways to market and distribute the long-term care product. technical advisory committee shall be comprised, at a minimum, of 18 19 representatives of the office of the insurance commissioner, providers 20 of long-term care services, licensed insurance agents with expertise in long-term care insurance, employees, retired employees, retired school 21 22 employees, and other interested parties determined to be appropriate by 23 the board.
 - (e) The health care authority shall offer employees, retired employees, and retired school employees the option of purchasing long-term care insurance through licensed agents or brokers appointed by the long-term care insurer. The authority, in consultation with the public employees' benefits board, shall establish marketing procedures and may consider all premium components as a part of the contract negotiations with the long-term care insurer.
- 31 (f) In developing the long-term care insurance benefit designs, the 32 public employees' benefits board shall include an alternative plan of 33 care benefit, including adult day services, as approved by the office 34 of the insurance commissioner.
- 35 (g) The health care authority, with the cooperation of the office 36 of the insurance commissioner, shall develop a consumer education 37 program for the eligible employees, retired employees, and retired 38 school employees designed to provide education on the potential need 39 for long-term care, methods of financing long-term care, and the

SB 6827 p. 4

1 availability of long-term care insurance products including the 2 products offered by the board.

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(h) By December 1998, the health care authority, in consultation with the public employees' benefits board, shall submit a report to the appropriate committees of the legislature, including an analysis of the marketing and distribution of the long-term care insurance provided under this section.

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p. 5 SB 6827